

**STATE OF MICHIGAN**  
**DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES**  
**Before the Director of the Department of Insurance and Financial Services**

**In the matter of:**

**Strength Training and Recovery**  
**Petitioner**

**File No. 21-1720**

**v**

**Meemic Insurance Company**  
**Respondent**

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**Issued and entered**  
**this 17<sup>th</sup> day of February 2022**  
**by Sarah Wohlford**  
**Special Deputy Director**

**ORDER**

**I. PROCEDURAL BACKGROUND**

On November 9, 2021, Strength Training and Recovery (Petitioner) filed with the Department of Insurance and Financial Services (Department) a request for an appeal pursuant to Section 3157a of the Insurance Code of 1956 (Code), 1956 PA 218, MCL 500.3157a. The request for an appeal concerns the determination of Meemic Insurance Company (Respondent) that the Petitioner overutilized or otherwise rendered or ordered inappropriate treatment under Chapter 31 of the Code, MCL 500.3101 to MCL 500.3179.

The Petitioner's appeal is based on the denial of a bill pursuant to R 500.64(3), which allows a provider to appeal to the Department from the denial of a provider's bill. The Respondent issued the Petitioner a bill denial on September 22, 2021. The Petitioner now seeks reimbursement in the full amount it billed for the dates of service at issue.

The Department accepted the request for an appeal on December 6, 2021. Pursuant to R 500.65, the Department notified the Respondent and the injured person of the Petitioner's request for an appeal on December 6, 2021 and provided the Respondent with a copy of the Petitioner's submitted documents. The Respondent filed a reply to the Petitioner's appeal on December 22, 2021.

The Department assigned an independent review organization (IRO) to analyze issues requiring medical knowledge or expertise relevant to this appeal. The IRO submitted its report and recommendation to the Department on January 12, 2021. The Department issued a written notice of extension to both parties on January 14, 2022.

## II. FACTUAL BACKGROUND

This appeal concerns the denial of payment for physical therapy and massage therapy treatments rendered on August 4, 11, 13, 18, and 25, 2021. The Current Procedural Terminology (CPT) codes at issue include 97124 for massage therapy and 97530 for functional performance activities. In its *Explanation of Benefits* letter, the Respondent referenced Official Disability Guidelines (ODG) for massage therapy treatment for pain and stated that the injured person completed “in excess of 40 massage therapy visits” to address leg and low back pain and sore feet. The Respondent noted that massage therapy beyond 2 months should be documented in the medical records with objective improvement in function and the records lacked such documentation to support treatment beyond the guideline recommendations.

With its appeal request, the Petitioner submitted medical documentation that indicated the injured person was referred to therapy with diagnosed fractures of both lower extremities, the pelvis and the left humerus in relation to a motor vehicle accident in January of 2018. The submitted records also indicated that the injured person suffered from right hip osteoarthritis and that his job required standing for long periods of time. The Petitioner’s request for an appeal stated:

[The injured person] experiences significant benefits from massage therapy by reducing muscle tightness and soreness in his right leg and thereby decreasing pain...Massage therapy allows him to be a much more productive person while performing his daily activities or job requirements with a reduction in pain to the posterior portion of his right leg. The negative factors of removing this therapy would be detrimental to [his] health and his employment.

In its reply, the Respondent reaffirmed its position and referenced the American College of Occupational and Environmental Medicine (ACOEM) guidelines for femur fractures, low back disorders, and shoulder disorders relating to arm and shoulder rehabilitation. The Respondent stated that, based on the guidelines, “there is no quality evidence of efficacy of massage for treatment of chronic persistent pain” and that “massage is recommended for select use in subacute or chronic low back pain as an adjunct to more efficacious treatments consisting primarily of a graded aerobic and strengthening exercise program.” The Respondent stated that the Petitioner had “significant opportunity” to establish a home exercise program and noted that the injured person attended more than 48 massage therapy sessions as of February 18, 2020.

## III. ANALYSIS

### Director’s Review

Under MCL 500.3157a(5), a provider may appeal an insurer’s determination that the provider overutilized or otherwise rendered inappropriate treatment, products, services, or accommodations, or that the cost of the treatment, products, services, or accommodations was inappropriate under Chapter 31 of the Code. This appeal involves a dispute regarding inappropriate treatment and overutilization.

The Director assigned an IRO to review the case file. In its report, the IRO reviewer concluded that, based on the submitted documentation, medical necessity was not supported on the dates of service at issue and the treatment was overutilized in frequency or duration based on medically accepted standards.

The IRO reviewer is a licensed doctor of physical therapy. In its report, the IRO reviewer referenced R 500.61(i), which defines “medically accepted standards” as the most appropriate practice guidelines for the treatment provided. These may include generally accepted practice guidelines, evidence-based practice guidelines, or any other practice guidelines developed by the federal government or national or professional medical societies, board, and associations. The IRO reviewer relied on ACOEM and ODG for Auto Injury guidelines for chronic pain conditions for its recommendation.

Regarding the frequency and duration of physical therapy and massage treatment, the IRO reviewer explained that ACOEM recommends 6 visits over 6 weeks and ODG recommends 6-12 visits over 6 weeks. The IRO reviewer noted that at the time of discharge from physical therapy on August 4, 2021, the injured person was “independent with ambulation without an assistive device” other than using a cane for longer distances. The IRO reviewer noted that, based on the submitted documentation, the injured person had met “many of his personal goals” regarding his physical functioning. The IRO reviewer further noted that the massage therapy sessions on the dates of service at issue focused on reducing tightness and tenderness in the right leg.

The IRO reviewer opined that “the therapy in question was overutilized and not medically necessary.” More specifically, the IRO reviewer stated:

The records indicate the [injured person] attended 40 visits for massage therapy. This exceeds standard of care recommendations in quantity as well as elapsed time. While exceptions can be made for some additional treatment when comorbidities are a factor, there is no documentation of such health problems that would preclude the [injured person] from being transitioned to a home-care program.

The IRO reviewer recommended that the Director uphold the Respondent’s determination that the physical therapy and massage therapy treatments provided to the injured person on August 4, 11, 13, 18, and 25, 2021 were not medically necessary, and were overutilized in frequency or duration, in accordance with medically accepted standards, as defined by R 500.61(i).


#### **IV. ORDER**

The Director upholds the Respondent’s determination dated September 22, 2021.

This order applies only to the treatment and dates of service discussed herein and may not be relied upon by either party to determine the injured person’s eligibility for future treatment or as a basis for action on other treatment or dates of service not addressed in this order.

This is a final decision of an administrative agency. A person aggrieved by this order may seek judicial review in a manner provided under Chapter 6 of the Administrative Procedures Act of 1969, 1969 PA 306, MCL 24.301 to 24.306. MCL 500.244(1); R 500.65(7). A copy of a petition for judicial review should be sent to the Department of Insurance and Financial Services, Office of Research, Rules, and Appeals, Post Office Box 30220, Lansing, MI 48909-7720.

Anita G. Fox  
Director  
For the Director:

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Sarah Wohlford  
Special Deputy Director  
Signed by: Sarah Wohlford